

**New Jersey
Victim Assistance Grant (VAG)
Program**

**Application Forms &
Instructions**

**State Office of Victim-Witness Advocacy
Division of Criminal Justice
Department of Law and Public Safety**

(Revised June 2005)

Application Instructions

The following instructions apply to applications submitted for subgrants from the New Jersey Victim Assistance Grant (VAG) Program with funds derived from the Federal Victims of Crime Act (VOCA) Formula Grant, administered by the State Office of Victim-Witness Advocacy. If a Notice of Availability of Funds has been published in the *New Jersey Register* for a particular grant program, then the applicant also must meet the requirements contained in that notice.

All applicants must submit one original application and four copies of the application. Applications which are determined to be incomplete will not be considered for funding. Do not place applications in binders.

The program narrative contained in the application package must include the following information:

Agency Background, Mission, Experience and Capability

Describe the agency's overall mission, background and experience as it relates to the purpose and objectives of the proposed project. Explain the agency's understanding and capability to carry out the project based on demonstrated experience in providing victim services to the target population and in addressing issues of violence against women. Public agencies must cite their statutory authority. Private nonprofit organizations must provide proof of IRS 501(c)(3) status.

Applicants currently receiving/previously received VAG funding must provide a project evaluation summary that describes the strengths, weaknesses, level of service, outcomes, and the impact of the project.

Problem Statement/Needs Assessment

Identify the specific problem(s), target population and geographic area that the proposed project will address. Define the needs and characteristics of the target population and identify gaps and/or barriers in existing services. Provide supporting documentation, including relevant local facts, statistics, study findings, etc.

Goals, Objectives and Methods

Specify clear, realistic goals for the proposed project. Identify objectives that are concise, measurable and clearly relate to the goals, problem statement and target population. Describe the program approach or strategy for attaining each objective. Complete the Project Workplan form identifying each objective along with the major activities, responsible staff, and feasible time frames for each objective and activity. **It is unacceptable to state "ongoing" as a time frame to complete an objective or activity.**

Partnership/Collaboration/Coordination of Services

Collaboration and coordination of services are strongly encouraged in all projects and required for some projects. Describe the agency's partnership/coalition building strategy and use of volunteers. Define roles, responsibilities, referral mechanisms, and collaboration/coordination efforts necessary for the successful implementation of the project. At least three letters in support of the proposed project must be included with the application. Form letters, general letters, and survivor letters of support are not acceptable.

Proposed projects targeting underserved populations must have an Affiliation agreement(s) with at least one or two contributing agencies. Additionally, the agreement must clearly define the roles and responsibilities of each contributing agency.

If a Notice of Availability of Funds has been issued for a particular program, refer to the NOAF for specific affiliation agreements.

Project Management and Staff

Provide current resumes and explain how project management and key staff are uniquely qualified to manage/implement the project. Provide current job descriptions that include the title, responsibilities, education and experience requirements for each position to be funded by this subgrant. State if the position is full-time or part-time. If part-time, the number of hours or percentage of time devoted to the project must be listed. Indicate if you will use existing staff (by name) or if you will recruit new staff for each funded position.

Program Evaluation

Provide a program evaluation plan which explains how progress toward project objectives will be measured. Specify how, when and what type of data will be collected, probable test instruments and persons responsible for conducting the evaluation. Describe how the project will be monitored and evaluated to determine if project objectives are being met and the impact of the project. Client feedback is strongly encouraged. An explanation must be provided if client feedback is not included.

Budget Request

Complete the **Budget Request** forms. Costs must be itemized and tied to the project objectives. Round dollar amounts when itemizing costs. A 20% match, either cash or in-kind, is required for both private nonprofit and public agencies. Applicants should refer to the **Program Guidelines** for a description of budget categories, allowable expenditures and match requirements.

List the sources of matching funds and the corresponding budget line item. The applicant must certify that matching funds are available for use.

Budget Narrative Justification

Include detailed narrative justification on each itemized cost, how such costs were calculated and why they are necessary to the project. The narrative must address the budget categories/line items in the same order as they appear on the Budget Request forms.

Sources of Funds

List all sources of funds related to the **proposed project** on the Sources of Funds form. Additionally, list **all** funds received from the State Office of Victim-Witness Advocacy by your agency in the past three years.

Required Authorizations and Certifications

Complete the **Application Authorization** which contains the required certifications: Civil Rights Compliance; Lobbying; Debarment, Suspension, Ineligibility and Voluntary Exclusion of Lower Tier Covered Transactions; and Drug-Free Workplace. The **General Conditions and Assurances, Volunteer Certification** and **Victims of Crime Compensation Board (VCCB) Certification** require an authorized signature. County and local governmental agencies are required to submit a **Resolution of Participation** and a **Certification of the Recording Officer**.

APPLICATION OVERVIEW

(use this page as the application cover page)

**Name of
Applicant:**_____

**Title of
Project:**_____

Project Summary (limit 100 words or less):

Source of Funds	Proposed Budget Request (please complete)	Approved Budget (SOVWA only)
Subgrant Funds	\$	\$
Matching Funds	\$	\$
Total	\$	\$

TABLE of CONTENTS

(Include a completed Table of Contents as page 1 of the application.
The application must be in the following order. Insert page numbers for each section)

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Source of Funds	Page
Required Authorization and Certifications Volunteer and VCCB Certifications	Page
Affiliation Agreement (if required)	Page
3 Letters of Support	Page
Job Descriptions	Page
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Proof of nonprofit - 501c3 status (private nonprofits only)	Page
Resolution of Participation (public agencies only)	Page
Certification of Recording Officer (public agencies only)	Page
Appendices	Page
(brochures, press clips, publications, awards and any other information the agency wishes to provide)	

Applicant Information

Official Name of Applicant Agency: _____
(see Articles of Incorporation)

Type of Agency: _____ State _____ County _____ Municipality _____ Nonprofit

Address: _____

City/State: _____ Zip Code: _____ County: _____

Implementing Agency (if different than applicant) _____

Federal ID Number: _____

If applicant is a nonprofit agency and is also registered as a charitable organization, please provide Charitable Registration Number: _____

Have there been any findings filed against the agency in regard to its charitable status?

_____ Yes _____ No If yes, please explain on a separate sheet.

Name and Title of Chief Executive/Agency

Director: _____

Street Address, City, State, Zip Code (if different from above)

Telephone: _____ Email: _____ Fax Number: _____

Name and Title of Project Director: _____

Street Address, City, State, Zip Code (if different from above)

Telephone: _____ Email: _____ Fax Number: _____

Name and Title of Contact Person: _____

Street Address, City, State, Zip Code (if different from above)

Telephone: _____ Email: _____ Fax Number: _____

Name and Title of Chief Financial Officer: _____

Street Address, City, State, Zip Code (if different from above)

Telephone: _____ Email: _____ Fax Number: _____

**Name and Title of Fiscal Contact
Person: _____**

Street Address, City, State, Zip Code (if different from above)

Telephone: _____ Email: _____ Fax Number: _____

Agency Background, Mission, Experience and Capability

(attach additional sheets if necessary)

Subgrant Program Evaluation Summary

(Current or previous subgrantees must provide a comprehensive summary that describes the strengths, weaknesses, level of service, outcomes and the impact of the project supported by VAG funds)

Problem Statement/Needs Assessment

(attach additional sheets if necessary)

Goals, Objectives and Methods

Project Workplan must follow this section

(attach additional sheets if necessary)

Project Workplan

(attach additional sheets if necessary, please follow format below)

Project Name:_____

Objective	Activity	Projected Start-up and Completion Dates	Person Responsible

Partnership/Collaboration/Coordination of Services

(Use additional pages if necessary)

Project Management and Staff

(Use additional pages if necessary)

Program Evaluation

(attach additional sheets if necessary)

Budget Request

PERSONNEL

SALARIES AND WAGES (list each position separately)*

Position/Title and Name of Incumbent	% of time on Project	Current Annual Salary or Hourly Rate	Requested Amount		Project Total
			Grant Funds	Match	

*refer to Program Guidelines for important information

TOTAL SALARIES AND WAGES			
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FRINGE BENEFITS**

Position/Title and Name of Incumbent	Agency Fringe Rate	Requested Amount		Project Total
		Grant Funds	Match	

**the percentage of the total fringe costs charged to the grant cannot exceed the percentage of total salary/hourly rate charged to the grant

TOTAL FRINGE BENEFITS			
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PURCHASE of SERVICES

Contracted Services/Counseling/Victim Transportation/Printing

Service	Provider	Unit Cost/ Hourly Rate	Total Units/ Project Hours	Requested Amount		Project Total
				Grant Funds	Match	

Please note: Agencies requesting funds for transportation, parking or meals for victims must submit a copy of the agency's written policy and procedures regarding the disbursement and accounting of these funds and the eligibility criteria

TOTAL PURCHASE OF SERVICES			
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TRAVEL*

Purpose	# of Miles	Rate per Mile	Other Travel Costs	Meals	Requested Amount		Project Total
					Grant Funds	Match	

*see Program Guidelines

TOTAL TRAVEL			
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TRAINING

Type of Training*	Position/Name	Requested Amount		
		Grant Funds	Match	Project Total

**all training requests to attend outside training should be submitted on the appropriate request form (see Program Guidelines)

TOTAL TRAINING			
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OUTREACH

Type of Material (list items individually, attach additional sheets if needed)	Quantity	Unit Cost	Requested Amount		
			Grant Funds	Match	Project Total

TOTAL OUTREACH			
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SUPPLIES

Item (list items individually, attach additional sheets if needed)	Quantity	Unit Cost	Requested Amount		
			Grant Funds	Match	Project Total

TOTAL SUPPLIES			
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EQUIPMENT**

Item or Type Indicate purchase or rental (list items individually, attach additional sheets if needed)	Quantity	Unit Cost	Requested Amount		
			Grant Funds	Match	Project Total

****All expenditures must be pre-approved**

TOTAL EQUIPMENT			
------------------------	--	--	--

FACILITIES

	Requested Amount		
	Grant Funds	Match	Project Total
Rent (in budget narrative, indicate square footage and cost per square foot)			
Telephone (specify office or wireless)			
Pager (specify number of pagers and service costs)			
Utilities (in budget narrative, specify utility)			
Other (specify)			

Please note: Applicants requesting funds for facilities must list, in the Budget Narrative, the expected total agency/program cost for each requested facility line item and explain how the budget request was calculated.

TOTAL FACILITIES			
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VICTIM AID*

Description	Requested Amount		
	Grant Funds	Match	Project Total

Please note: Agencies requesting victim aid funds must submit a copy of the agency's written policy and procedures regarding the disbursement and accounting of these funds and the eligibility criteria

TOTAL VICTIM AID			
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Budget Request Summary

BUDGET CATEGORY	REQUESTED AMOUNT	MATCH	TOTAL PROJECT COST
Personnel Salaries and Wages Fringe Benefits			
Purchase of Services			
Travel			
Training			
Outreach			
Supplies			
Equipment			
Facilities			
Victim Aid			
TOTAL			

Source(s) of Matching Funds:

Budget Category:

CERTIFICATION

The undersigned certifies that the above sources of matching funds are available for use as a condition of the grant program.

Signature of the CEO, Freeholder, Mayor,
Agency Director or Chief Financial Officer

Typed Name and Title

Dated:_____

Budget Narrative

(attach additional sheets if necessary)

Sources of Funds

List all sources of funds which support services for victim population(s) targeted in the proposed project. On the bottom of the form, list all funds received from the State Office of Victim-Witness Advocacy in the past three years.

Federal Sources

Name(s) of Federal Source	Date of Last Award	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

State Sources

Name(s) of State Source	Date of Award	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

County Sources \$ _____

Local and Other Sources \$ _____

Total of All Sources of Funds \$ _____

State Office of Victim-Witness Advocacy Funding

List funding awarded for the past three years:

<u>Date of Award</u>	<u>Grant Program</u>	<u>Project</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Volunteer Certification

Applicants are required to use volunteers as a condition of receiving subgrant funds and must complete the following certification regarding the use of volunteers. Please place an "X" next to the statement that applies to your agency. If this form is not completed, the applicant will not be considered for funding. All waivers are subject to review and approval by the State Office of Victim-Witness Advocacy.

_____ The applicant certifies that the agency will use volunteers in the victim services project.

_____ The applicant requests a waiver of the "use of volunteers" requirement due to the compelling reasons listed below:

VCCB Certification

The applicant certifies that the agency agrees to inform victims about the Victims of Crime Compensation Board and assist victims in filing claim upon request of the victim.

Signature of the CEO, Freeholder, Mayor or
Agency Director

Type Name and Title

Application Authorization

The signature below is authorization to submit this application to the New Jersey Department of Law and Public Safety, Division of Criminal Justice, State Office of Victim-Witness Advocacy for the following subgrant project:

at an estimated total project cost of \$_____ Subgrant Funds: \$_____
Match: \$_____

The undersigned agrees upon approval of this project on behalf of the applicant agency to comply with the **GENERAL CONDITIONS** and **ASSURANCES** of the grant program.

The undersigned also certifies the following regarding Civil Rights Compliance, Lobbying, Debarment and Suspension, and Drug-Free Workplace.

Signature of the CEO, Freeholder, Mayor
or Agency Director

Typed Name and Title

Dated:_____

Civil Rights Compliance

An Equal Employment Opportunity Program (Affirmative Action Plan) in accordance with 28 CFR 42.301, et seq., Subpart E, covering the employment practices of the implementing agency has been executed and is available for review in the office of:

Name: _____

Title: _____

Agency: _____

Address: _____

City/State: _____

Telephone: _____

Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, if entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, applicants must certify that:

- a. No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement;
- b. If any funds other than federal appropriated funds have been paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the applicant shall complete and submit Standard Form - LLL, Disclosure of Lobbying Activities, in accordance with its instructions.

Debarment, Suspension, Ineligibility and Voluntary Exclusion of Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension (see instructions on page 20):

- 1) The prospective subgrantee certifies that neither the subgrantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a federal department or agency.
- 2) Where the prospective subgrantee is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- 3) It is further agreed that this certification shall be obtained from any other supplier of goods or services using federal funds in the amount of \$25,000 or more under this project.

Drug-Free Workplace

As required by the Drug-Free Workplace Act of 1988 and regulations promulgated by the federal government, the applicant certifies that it will provide a drug-free workplace by:

- 1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the grantee's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- 2) Establishing a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace;

3) Informing employees about the following:

- a) the grantee's policy of maintaining a drug-free workplace;
- b) any available drug counseling, rehabilitation and employee assistance programs; and
- c) the penalties that may be imposed upon employees for drug abuse violations.

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tiered Covered Transactions (Sub-Recipient)

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification as stated on the required form.
2. The Certification as stated is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titles "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction addition to other remedies available to the Federal

Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

General Conditions and Assurances

The applicant/subgrantee hereby assures and certifies below compliance with all federal, state and local statutes, regulations, policies, guidelines and requirements that govern the application, acceptance and use of federal funds under this program. The applicant/subgrantee also assures and certifies that:

1. It possesses legal authority to apply for the grant, and if, applicable, that a resolution, motion, or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with provisions of federal law which limit certain political activities of employees of a state, county, or local unit of government whose principal employment is in connection with an activity financed in whole or in part by federal grants (5 USC 1501, et seq.).
3. It will comply with the minimum wage and maximum hours provision of the Federal Fair Labor Standards Act, if applicable.
4. It will comply with the applicable provisions of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, the Juvenile Justice and Delinquency Prevention Act, the Victims of Crime Act or the Violence Against Women Act, as appropriate; the provisions of the current edition of the Office of Justice Programs Financial Guide; and all other applicable federal and state laws, orders, circulars, or regulations.
5. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and federal laws or regulations applicable to Federal Assistance Programs.
6. It will comply and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Nondiscrimination Regulations, 28 CFR Part 42, Subparts C,D,E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.
7. In the event a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color,

religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.

8. If required to formulate an Equal Employment Opportunity Program (EEO) in accordance with 28 CFR 42.301, et seq., it will maintain a current one on file. In addition, if the proposed subgrant totals \$500,000 or more, applicant will submit a copy of its EEO to the Office of Civil Rights, Office of Justice Programs.
9. If a unit of government, that federal funds will not be used to supplant state or local funds.
10. Where activities supported by this subgrant produce original books, manuals, films or other copyrightable material, the subgrantee may copyright such, but the Department of Law and Public Safety (L&PS) reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and authorize others to do so. L&PS also reserves the right to require the subgrantee not to publish, and the subgrantee thereupon shall refrain from publishing, any material whether copyrightable or not, that L&PS shall designate. However, such right shall not be exercised unreasonably. Any publication by the subgrantee shall include, on the title page, a standard disclaimer of responsibility by L&PS for any opinions or conclusions contained therein.
11. It will give the Comptroller General or representative, Office of Justice Programs, and the Division of Criminal Justice, access to and the right to examine all records, books, papers, or documents related to the subgrant.
12. It will comply with applicable federal, state and local audit requirements.
13. It is understood and agreed that persons performing services in connection with a subgrant shall not be considered employees of the State of New Jersey for any purpose, including but not limited to, defense and indemnification for liability claims, workers compensation or unemployment.
14. It will comply with all Special Conditions that may be stipulated or applied to specific subgrants by the Department of Law and Public Safety.
15. It will comply with all requirements imposed by the federal sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.
16. It will comply with all the requirements contained in the State Office of Victim-Witness Program Guidelines for the specific grant for which the applicant has applied.

Signature of the CEO, Freeholder, Mayor
or Agency Director

Typed Name and Title

Dated: _____

NJ State Office of Victim-Witness Advocacy Training Request

(complete separate form for each training)

Agency Name _____

Subgrant #: _____

1. Name of Conference/Training and Sponsor:

2. Dates and Location of Conference/Training:

3. List Staff (By Name and Title) Who Will Attend:

4. Provide a brief description of the conference/training and justification for the request. Include justification to attend a conference/training out of the Northeast geographical area, if applicable. Attach a copy of the conference/training brochure.

5. Itemize Conference/Training Costs

Registration	\$_____ x _____ person	\$
Transportation*	Mode _____ (if traveling by car indicate mileage and reimbursement rate)	\$
Lodging*	\$_____ x _____ nights	\$
Meals*	\$_____ x _____ days	\$

*Public agencies must follow local government regulations regarding travel/training. Nonprofit agencies must contact the SOVWA for daily State rate information.

6. Approved
by: _____

Print name/title
Signature
Date

For SOVWA Use Only

Approved Project Budget for Travel and Training

	Current Balance	Budget Revision (+ or -)	Costs to Attend this Training	Ending Balance
Training	\$		\$	\$
Travel	\$		\$	\$

Approved

☐

Not Approved

☐

Reviewer: _____ **Date:** _____